



# Iowa Department of Human Services

Terry E. Branstad  
Governor

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Lt. Governor

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Director

## INFORMATIONAL LETTER NO.1483

**DATE:** February 24, 2015

**TO:** Iowa Medicaid Federally Qualified Health Centers (FQHCs) and Indian Health Services (IHS) Providers

**FROM:** Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

**RE:** Dental Wellness Plan Wraparound Services-Clarification on Clinical Risk Assessment

**EFFECTIVE:** Immediately

The IME is clarifying information pertaining to how providers should submit costs related to the PreViser Risk Assessment.

In [Informational Letter 1377](#)<sup>1</sup> the IME directed providers to complete the [Dental Wellness Plan Wraparound Payment Request](#)<sup>2</sup> to document Medicaid encounters and differences in payments by the commercial plan and the regular Medicaid encounter payment.

FQHCs and IHS providers may receive \$10 reimbursements from the commercial plan in a given quarter for utilizing the PreViser Risk Assessment. These claims and payments should be included in the claim detail that is submitted with the Dental Wellness Wraparound Request. The IME will exclude the \$10 payments for the PreViser Risk Assessment when calculating the total wraparound payments to the provider.

Service costs related to the PreViser Risk Assessment should be reported as a non-reimbursable FQHC cost on cost report line 34 with a description of the cost. This is the same expectation for submitting Health Risk Assessment costs as described in [Informational Letter 1448](#)<sup>3</sup>.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, or locally in Des Moines at 515-256-4609 or by email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).

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<sup>1</sup> <http://dhs.iowa.gov/sites/default/files/1377%20Dental%20Wellness%20Plan%20Wraparound%20Services.pdf>

<sup>2</sup> [http://dhs.iowa.gov/sites/default/files/470-5210%20Dental%20Wellness%20Plan%20Wraparound%20Payment%20Request%20\(4\).pdf](http://dhs.iowa.gov/sites/default/files/470-5210%20Dental%20Wellness%20Plan%20Wraparound%20Payment%20Request%20(4).pdf)

<sup>3</sup> <https://dhs.iowa.gov/sites/default/files/1448%20Clarification%20of%20Claim%20Submission%20for%20the%20Health%20Risk%20Assessment.pdf>